

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Baxter Healthcare Political Action Committee

ADDRESS (number and street)

1501 K Street, NW

Suite 375

☐Check if different  
than previously  
reported. (ACC)

Washington

DC

20005

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00117838

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☒

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

07

01

2011

through

07

31

2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Sarah Creviston

Signature of Treasurer

Electronically Filed by Sarah Creviston

Date

08

18

2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Baxter Healthcare Political Action Committee

Report Covering the Period:

From:

M M  
0 7D D  
0 1Y Y Y Y  
2 0 1 1

To:

M M  
0 7D D  
3 1Y Y Y Y  
2 0 1 1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2011</span>		96424.54
(b) Cash on Hand at Beginning of Reporting Period .....	87047.29	
(c) Total Receipts (from Line 19) .....	11087.62	79710.37
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	98134.91	176134.91
7. Total Disbursements (from Line 31) .....	0.00	78000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	98134.91	98134.91
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Baxter Healthcare Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	7	0	1	2	0	1	1

To:

M	M	D	D	Y	Y	Y	Y
0	7	3	1	2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	9364.94	50098.65
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	1722.68	29611.72
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➡	11087.62	79710.37
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ..... ➡	11087.62	79710.37
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	11087.62	79710.37
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	11087.62	79710.37

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	0.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	70500.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00	
29. Other Disbursements.....	0.00	7500.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	0.00	78000.00	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	78000.00	

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	11087.62	79710.37
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	11087.62	79710.37
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 6 / 66

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Michael J. Baughman

Mailing Address 5343 N Lakewood Avenue

City

Chicago

State

IL

Zip Code

60640

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

CVP, Controller

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	8		2	0	1	1

Transaction ID: 20110715143949-145

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Michael J. Baughman

Mailing Address 5343 N Lakewood Avenue

City

Chicago

State

IL

Zip Code

60640

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

CVP, Controller

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	2		2	0	1	1

Transaction ID: 20110809163527-150

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Edwin A. Betancourt

Mailing Address 101 N E 3rd Avenue, Ste 1600  
Ste 1600

City

Ft Lauderdale

State

FL

Zip Code

33301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

VP, Mfg Latin America

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

689.94

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	8		2	0	1	1

Transaction ID: 20110715143949-164

Amount of Each Receipt this Period

46.50

SUBTOTAL of Receipts This Page (optional) .....

246.50

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 66

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Edwin A. Betancourt

Mailing Address 101 N E 3rd Avenue, Ste 1600  
Ste 1600City State Zip Code  
Ft Lauderdale FL 33301FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.Occupation  
VP, Mfg Latin America

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

689.94

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 2 / 2 0 1 1

Transaction ID: 20110809163527-168

Amount of Each Receipt this Period

46.50

**B.**

Full Name (Last, First, Middle Initial)

Paulo Bolgar

Mailing Address Suite 1600 101 Northeast 3rd Avenue  
Ste 1600City State Zip Code  
Ft Lauderdale FL 33301FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.Occupation  
VP, HR - LA & Canada

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 8 / 2 0 1 1

Transaction ID: 20110715143949-162

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Paulo Bolgar

Mailing Address Suite 1600 101 Northeast 3rd Avenue  
Ste 1600City State Zip Code  
Ft Lauderdale FL 33301FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.Occupation  
VP, HR - LA & Canada

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 2 / 2 0 1 1

Transaction ID: 20110809163527-166

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional) .....

96.50

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

David L. Bonderud

Mailing Address 22294 W. Brookside Way

City State Zip Code  
 Lake Barrington IL 60010

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baxter International, Inc.

Occupation  
President, US Med Delivery

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 8 / 2 0 1 1

Transaction ID: 20110715143949-21

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

David L. Bonderud

Mailing Address 22294 W. Brookside Way

City State Zip Code  
 Lake Barrington IL 60010

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baxter International, Inc.

Occupation  
President, US Med Delivery

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 2 / 2 0 1 1

Transaction ID: 20110809163527-20

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

John J. Bratsakis

Mailing Address 2405 Trailside Lane

City State Zip Code  
 Wauconda IL 60084

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baxter International, Inc.

Occupation  
BCU Sr VP, Business Devlp

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 8 / 2 0 1 1

Transaction ID: 20110715143949-77

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

65.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

John J. Bratsakis

Mailing Address 2405 Trailside Lane

City

Wauconda

State

IL

Zip Code

60084

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

BCU Sr VP, Business Devlp

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 2 / 2 0 1 1

Transaction ID: 20110809163527-77

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Susan K. Brown

Mailing Address 917 Geneva St

City

Glendale

State

CA

Zip Code

91207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

VP, Manufacturing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

966.39

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 8 / 2 0 1 1

Transaction ID: 20110715143949-16

Amount of Each Receipt this Period

65.53

**C.**

Full Name (Last, First, Middle Initial)

Susan K. Brown

Mailing Address 917 Geneva St

City

Glendale

State

CA

Zip Code

91207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

VP, Manufacturing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

966.39

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 2 / 2 0 1 1

Transaction ID: 20110809163527-15

Amount of Each Receipt this Period

65.53

**SUBTOTAL** of Receipts This Page (optional) .....

156.06

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Sebastian J. Bufalino

Mailing Address 1091 Pine Meadow Ct

City

Vernon Hills

State

IL

Zip Code

60061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

VP, Corporate Audit

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

808.92

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 8 / 2 0 1 1

Transaction ID: 20110715143949-155

Amount of Each Receipt this Period

54.48

**B.**

Full Name (Last, First, Middle Initial)

Sebastian J. Bufalino

Mailing Address 1091 Pine Meadow Ct

City

Vernon Hills

State

IL

Zip Code

60061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

VP, Corporate Audit

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

808.92

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 2 / 2 0 1 1

Transaction ID: 20110809163527-159

Amount of Each Receipt this Period

54.48

**C.**

Full Name (Last, First, Middle Initial)

Laureen M. Cassidy

Mailing Address 1721 Dewes Street

City

Glenview

State

IL

Zip Code

60025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

VP, Corporate Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 8 / 2 0 1 1

Transaction ID: 20110715143949-154

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

133.96

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Laureen M. Cassidy

Mailing Address 1721 Dewes Street

City

Glenview

State

IL

Zip Code

60025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

VP, Corporate Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 2 / 2 0 1 1

Transaction ID: 20110809163527-158

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Ronald D. Chase

Mailing Address 1090 Medford Road

City

Pasadena

State

CA

Zip Code

91107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

VP, Information Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 8 / 2 0 1 1

Transaction ID: 20110715143949-26

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Ronald D. Chase

Mailing Address 1090 Medford Road

City

Pasadena

State

CA

Zip Code

91107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

VP, Information Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 2 / 2 0 1 1

Transaction ID: 20110809163527-25

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Edward K. Chess

Mailing Address 5313 Abbey Drive

City

McHenry

State

IL

Zip Code

60050

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

Sr Director, Research

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 8 / 2 0 1 1

Transaction ID: 20110715143949-11

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Edward K. Chess

Mailing Address 5313 Abbey Drive

City

McHenry

State

IL

Zip Code

60050

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

Sr Director, Research

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 2 / 2 0 1 1

Transaction ID: 20110809163527-10

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Anthony Ciganek

Mailing Address 233 Heath Ct

City

Barrington

State

IL

Zip Code

60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

Sr Director, Engineering

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 8 / 2 0 1 1

Transaction ID: 20110715143949-4

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 66

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Anthony Ciganek

Mailing Address 233 Heath Ct

City

Barrington

State

IL

Zip Code

60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

Sr Director, Engineering

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	2	/	2	0	1	1

Transaction ID: 20110809163527-4

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Brian W. Clements

Mailing Address 109 Juniper Way

City

Lake Villa

State

IL

Zip Code

60046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

VP, Strategic Initiatives

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	8	/	2	0	1	1

Transaction ID: 20110715143949-8

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)

Brian W. Clements

Mailing Address 109 Juniper Way

City

Lake Villa

State

IL

Zip Code

60046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

VP, Strategic Initiatives

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	2	/	2	0	1	1

Transaction ID: 20110809163527-7

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional) .....

55.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mark Coin

Mailing Address 1006 S Street NW

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

Dir, Fed Legislative Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

507.72

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 8 / 2 0 1 1

Transaction ID: 20110715143949-121

Amount of Each Receipt this Period

42.31

**B.**

Full Name (Last, First, Middle Initial)

Mark Coin

Mailing Address 1006 S Street NW

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

Dir, Fed Legislative Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

507.72

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 2 / 2 0 1 1

Transaction ID: 20110809163527-123

Amount of Each Receipt this Period

42.31

**C.**

Full Name (Last, First, Middle Initial)

Sarah L. Creviston

Mailing Address 23 Wynstone Way

City

North Barrington

State

IL

Zip Code

60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

VP, Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1632.90

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 8 / 2 0 1 1

Transaction ID: 20110715143949-130

Amount of Each Receipt this Period

110.56

**SUBTOTAL** of Receipts This Page (optional) .....

195.18

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Sarah L. Creviston

Mailing Address 23 Wynstone Way

City State Zip Code  
 North Barrington IL 60010

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baxter International, Inc.

Occupation  
VP, Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1632.90

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 2 / 2 0 1 1

Transaction ID: 20110809163527-131

Amount of Each Receipt this Period

110.56

**B.**

Full Name (Last, First, Middle Initial)

Margarita Cruz-casse

Mailing Address Calle Guama #70 Mansiones Los Cedr

City State Zip Code  
 Cayey PR 00736

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baxter International, Inc.

Occupation  
Dir, Logistics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

781.47

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 8 / 2 0 1 1

Transaction ID: 20110715143949-182

Amount of Each Receipt this Period

52.67

**C.**

Full Name (Last, First, Middle Initial)

Margarita Cruz-casse

Mailing Address Calle Guama #70 Mansiones Los Cedr

City State Zip Code  
 Cayey PR 00736

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baxter International, Inc.

Occupation  
Dir, Logistics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

781.47

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 2 / 2 0 1 1

Transaction ID: 20110809163527-186

Amount of Each Receipt this Period

52.67

**SUBTOTAL** of Receipts This Page (optional) .....

215.90

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Ronald L. Czaplicki

Mailing Address 17525 Cottonwood Ct

City

Grayslake

State

IL

Zip Code

60030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

Dir, Strategic Pricing & Contr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 8 / 2 0 1 1

Transaction ID: 20110715143949-58

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Ronald L. Czaplicki

Mailing Address 17525 Cottonwood Ct

City

Grayslake

State

IL

Zip Code

60030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

Dir, Strategic Pricing & Contr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 2 / 2 0 1 1

Transaction ID: 20110809163527-57

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Salvatore S. Dadouche

Mailing Address 868 Interlaken Dr

City

Lake Zurich

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

VP, Comp, Benefits & HR Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 8 / 2 0 1 1

Transaction ID: 20110715143949-22

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Salvatore S. Dadouche

Mailing Address 868 Interlaken Dr

City

Lake Zurich

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

VP, Comp, Benefits & HR Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 2 / 2 0 1 1

Transaction ID: 20110809163527-21

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Robert M. Davis

Mailing Address 21515 Hummingbird Court

City

Kildeer

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

CVP, President - Renal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2754.82

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 8 / 2 0 1 1

Transaction ID: 20110715143949-47

Amount of Each Receipt this Period

187.50

**C.**

Full Name (Last, First, Middle Initial)

Robert M. Davis

Mailing Address 21515 Hummingbird Court

City

Kildeer

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

CVP, President - Renal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2754.82

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 2 / 2 0 1 1

Transaction ID: 20110809163527-46

Amount of Each Receipt this Period

187.50

**SUBTOTAL** of Receipts This Page (optional) .....

395.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Barry M. Deutsch

Mailing Address 2330 West Course Drive

City State Zip Code  
 Riverwoods IL 60015

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baxter International, Inc.

Occupation  
VP I, Business Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

679.02

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 8 / 2 0 1 1

Transaction ID: 20110715143949-92

Amount of Each Receipt this Period

45.70

**B.**

Full Name (Last, First, Middle Initial)

Barry M. Deutsch

Mailing Address 2330 West Course Drive

City State Zip Code  
 Riverwoods IL 60015

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baxter International, Inc.

Occupation  
VP I, Business Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

679.02

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 2 / 2 0 1 1

Transaction ID: 20110809163527-92

Amount of Each Receipt this Period

45.70

**C.**

Full Name (Last, First, Middle Initial)

Angel L. Egipciano-Lassalle

Mailing Address 27225 Rose Mallow Lane (Fair Oaks  
 (Fair Oaks Ranch)

City State Zip Code  
 Canyon Country CA 91387-6950

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baxter International, Inc.

Occupation  
Plant Controller II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 2 / 2 0 1 1

Transaction ID: 20110809163527-141

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

141.40

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Paul D. Estrem

Mailing Address 325 Clarewood Circle

City

Grayslake

State

IL

Zip Code

60030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

VP, Fin & Strat Initiatives

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 8 / 2 0 1 1

Transaction ID: 20110715143949-42

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Paul D. Estrem

Mailing Address 325 Clarewood Circle

City

Grayslake

State

IL

Zip Code

60030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

VP, Fin & Strat Initiatives

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 2 / 2 0 1 1

Transaction ID: 20110809163527-41

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Peter Etienne

Mailing Address 189 Lions Court

City

Lake Zurich

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

Sr Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 8 / 2 0 1 1

Transaction ID: 20110715143949-147

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Peter Etienne

Mailing Address 189 Lions Court

City

Lake Zurich

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation  
Sr Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 2 / 2 0 1 1

Transaction ID: 20110809163527-152

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Kevin E. Freeman

Mailing Address 86 Rosehall Drive

City

Lake Zurich

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation  
VP, I Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 8 / 2 0 1 1

Transaction ID: 20110715143949-30

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Kevin E. Freeman

Mailing Address 86 Rosehall Drive

City

Lake Zurich

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation  
VP, I Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 2 / 2 0 1 1

Transaction ID: 20110809163527-29

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Guy G. Fusco

Mailing Address Baxter Expatriate Admin PO Box 747  
Baxter Expatriate Admin

City State Zip Code  
Deerfield IL 60015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation  
VP, HR - Asia Pacific

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
07 08 2011

Transaction ID: 20110715143949-158

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Guy G. Fusco

Mailing Address Baxter Expatriate Admin PO Box 747  
Baxter Expatriate Admin

City State Zip Code  
Deerfield IL 60015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation  
VP, HR - Asia Pacific

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
07 22 2011

Transaction ID: 20110809163527-162

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Valery E. Gallagher

Mailing Address 14334 Spring Meadow Court

City State Zip Code  
Green Oaks IL 60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation  
Dir, State Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1171.17

Date of Receipt

M M / D D / Y Y Y Y  
07 08 2011

Transaction ID: 20110715143949-63

Amount of Each Receipt this Period

78.85

**SUBTOTAL** of Receipts This Page (optional) .....

118.85

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Valery E. Gallagher

Mailing Address 14334 Spring Meadow Court

City State Zip Code  
 Green Oaks IL 60048

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baxter International, Inc.

Occupation  
Dir, State Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1171.17

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 2 / 2 0 1 1

Transaction ID: 20110809163527-62

Amount of Each Receipt this Period

78.85

**B.**

Full Name (Last, First, Middle Initial)

Arthur J. Gibson

Mailing Address 3775 Riverly Trace

City State Zip Code  
 Marietta GA 30067

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baxter International, Inc.

Occupation  
VP, Environ, Health & Safety

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

842.85

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 8 / 2 0 1 1

Transaction ID: 20110715143949-53

Amount of Each Receipt this Period

56.85

**C.**

Full Name (Last, First, Middle Initial)

Arthur J. Gibson

Mailing Address 3775 Riverly Trace

City State Zip Code  
 Marietta GA 30067

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baxter International, Inc.

Occupation  
VP, Environ, Health & Safety

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

842.85

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 2 / 2 0 1 1

Transaction ID: 20110809163527-52

Amount of Each Receipt this Period

56.85

**SUBTOTAL** of Receipts This Page (optional) .....

192.55

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Susan C. Gould

Mailing Address 760 Oakwood Ave

City

Lake Forest

State

IL

Zip Code

60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

Sr Dir, Clinical Development

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 8 / 2 0 1 1

Transaction ID: 20110715143949-97

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Susan C. Gould

Mailing Address 760 Oakwood Ave

City

Lake Forest

State

IL

Zip Code

60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

Sr Dir, Clinical Development

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 2 / 2 0 1 1

Transaction ID: 20110809163527-97

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Tara L. Greene

Mailing Address 3408 Linneman

City

Glenview

State

IL

Zip Code

60025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

Sr Mgr, Marketing

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 8 / 2 0 1 1

Transaction ID: 20110715143949-116

Amount of Each Receipt this Period

15.00

**SUBTOTAL** of Receipts This Page (optional) .....

115.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Tara L. Greene

Mailing Address 3408 Linneman

City

Glenview

State

IL

Zip Code

60025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

Sr Mgr, Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 2 / 2 0 1 1

Transaction ID: 20110809163527-118

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)

William J. Gresham

Mailing Address 909 Clinton Place

City

River Forest

State

IL

Zip Code

60305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

Dir, Ethics & Compliance/EHS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 8 / 2 0 1 1

Transaction ID: 20110715143949-156

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

William J. Gresham

Mailing Address 909 Clinton Place

City

River Forest

State

IL

Zip Code

60305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

Dir, Ethics & Compliance/EHS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 2 / 2 0 1 1

Transaction ID: 20110809163527-160

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

65.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Lawrence P. Guiheen

Mailing Address 1653 Vista Oaks Way

City

Westlake Village

State

CA

Zip Code

91361

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

President, Global BioPharm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 8 / 2 0 1 1

Transaction ID: 20110715143949-5

Amount of Each Receipt this Period

35.00

**B.**

Full Name (Last, First, Middle Initial)

Andrew C. Hayes

Mailing Address 1620 Timber Woods Lane

City

Libertyville

State

IL

Zip Code

60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

Sr Director, New Product Intro

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1003.11

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 8 / 2 0 1 1

Transaction ID: 20110715143949-78

Amount of Each Receipt this Period

67.61

**C.**

Full Name (Last, First, Middle Initial)

Andrew C. Hayes

Mailing Address 1620 Timber Woods Lane

City

Libertyville

State

IL

Zip Code

60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

Sr Director, New Product Intro

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1003.11

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 2 / 2 0 1 1

Transaction ID: 20110809163527-78

Amount of Each Receipt this Period

67.61

**SUBTOTAL** of Receipts This Page (optional) .....

170.22

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Leslie J. Herzog

Mailing Address 816 Moseley Rd.

City

Highland Park

State

IL

Zip Code

60035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

Dir, Clinical Data Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

494.94

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 8 / 2 0 1 1

Transaction ID: 20110715143949-102

Amount of Each Receipt this Period

33.36

**B.**

Full Name (Last, First, Middle Initial)

Leslie J. Herzog

Mailing Address 816 Moseley Rd.

City

Highland Park

State

IL

Zip Code

60035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

Dir, Clinical Data Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

494.94

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 2 / 2 0 1 1

Transaction ID: 20110809163527-102

Amount of Each Receipt this Period

33.36

**C.**

Full Name (Last, First, Middle Initial)

Robert J. Hombach

Mailing Address 126 Homewood Avenue

City

Libertyville

State

IL

Zip Code

60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

CVP, CFO & Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 8 / 2 0 1 1

Transaction ID: 20110715143949-144

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

91.72

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Robert J. Hombach

Mailing Address 126 Homewood Avenue

City

Libertyville

State

IL

Zip Code

60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

CVP, CFO & Treasurer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 22 / 2011

Transaction ID: 20110809163527-149

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Irene P. Jakimcius

Mailing Address 2208 Wesley Ave.

City

Evanston

State

IL

Zip Code

60201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

Assoc General Counsel

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1275.60

Date of Receipt

M M / D D / Y Y Y Y  
07 / 08 / 2011

Transaction ID: 20110715143949-148

Amount of Each Receipt this Period

85.98

**C.**

Full Name (Last, First, Middle Initial)

Irene P. Jakimcius

Mailing Address 2208 Wesley Ave.

City

Evanston

State

IL

Zip Code

60201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

Assoc General Counsel

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1275.60

Date of Receipt

M M / D D / Y Y Y Y  
07 / 22 / 2011

Transaction ID: 20110809163527-153

Amount of Each Receipt this Period

85.98

**SUBTOTAL** of Receipts This Page (optional) .....

196.96

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Michael T. Jennings

Mailing Address 130 W Lincoln Ave

City

Libertyville

State

IL

Zip Code

60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

Sr Dir, Strategy & Integration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.21

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 8 / 2 0 1 1

Transaction ID: 20110715143949-131

Amount of Each Receipt this Period

40.41

**B.**

Full Name (Last, First, Middle Initial)

Michael T. Jennings

Mailing Address 130 W Lincoln Ave

City

Libertyville

State

IL

Zip Code

60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

Sr Dir, Strategy & Integration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.21

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 2 / 2 0 1 1

Transaction ID: 20110809163527-133

Amount of Each Receipt this Period

40.41

**C.**

Full Name (Last, First, Middle Initial)

Kurt Johnson

Mailing Address 2322 Central Park Ave.

City

Evanston

State

IL

Zip Code

60201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

VP, Bus Plan & Dev & Admin Ldr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 8 / 2 0 1 1

Transaction ID: 20110715143949-138

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.82

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Kurt Johnson

Mailing Address 2322 Central Park Ave.

City

Evanston

State

IL

Zip Code

60201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

VP, Bus Plan & Dev & Admin Ldr

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 2 / 2 0 1 1

Transaction ID: 20110809163527-142

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Robert A. Johnson

Mailing Address 31385 W Somerset Circle

City

Green Oaks

State

IL

Zip Code

60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

VP II, Manufacturing

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 8 / 2 0 1 1

Transaction ID: 20110715143949-41

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Robert A. Johnson

Mailing Address 31385 W Somerset Circle

City

Green Oaks

State

IL

Zip Code

60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

VP II, Manufacturing

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 2 / 2 0 1 1

Transaction ID: 20110809163527-40

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

70.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Peter Khoury

Mailing Address PO Box 904

City

Jordan

State

NY

Zip Code

13080

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

VP I, Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 8 / 2 0 1 1

Transaction ID: 20110715143949-28

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Peter Khoury

Mailing Address PO Box 904

City

Jordan

State

NY

Zip Code

13080

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

VP I, Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 2 / 2 0 1 1

Transaction ID: 20110809163527-27

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Richard L. Kirkendall

Mailing Address 717 Elmwood Av.

City

Wilmette

State

IL

Zip Code

60091

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

VP Quality, Medication Delivery

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 8 / 2 0 1 1

Transaction ID: 20110715143949-114

Amount of Each Receipt this Period

75.00

**SUBTOTAL** of Receipts This Page (optional) .....

175.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Richard L. Kirkendall

Mailing Address 717 Elmwood Av.

City

Wilmette

State

IL

Zip Code

60091

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

VP Quality, Medication Delivery

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 2 / 2 0 1 1

Transaction ID: 20110809163527-116

Amount of Each Receipt this Period

75.00

**B.**

Full Name (Last, First, Middle Initial)

Marie G. Kissel

Mailing Address Baxter Expat Admin PO Box 747  
C/O Gerald Lema

City

Deerfield

State

IL

Zip Code

60015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

Dir, Gov. Affairs & Public Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1208.79

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 8 / 2 0 1 1

Transaction ID: 20110715143949-160

Amount of Each Receipt this Period

86.54

**C.**

Full Name (Last, First, Middle Initial)

Marie G. Kissel

Mailing Address Baxter Expat Admin PO Box 747  
C/O Gerald Lema

City

Deerfield

State

IL

Zip Code

60015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

Dir, Gov. Affairs & Public Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1208.79

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 2 / 2 0 1 1

Transaction ID: 20110809163527-164

Amount of Each Receipt this Period

86.54

**SUBTOTAL** of Receipts This Page (optional) .....

248.08

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Helena M. Klumpp

Mailing Address 2308 Isabella St.

City

Evanston

State

IL

Zip Code

60201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

Senior Tax Counsel

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 8 / 2 0 1 1

Transaction ID: 20110715143949-153

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Helena M. Klumpp

Mailing Address 2308 Isabella St.

City

Evanston

State

IL

Zip Code

60201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

Senior Tax Counsel

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 2 / 2 0 1 1

Transaction ID: 20110809163527-157

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Brian J. LaMarca

Mailing Address 2261 Zach Scott St

City

Austin

State

TX

Zip Code

78723

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

Regional Operations Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.41

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 8 / 2 0 1 1

Transaction ID: 20110715143949-171

Amount of Each Receipt this Period

25.97

**SUBTOTAL** of Receipts This Page (optional) .....

65.97

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 66

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Brian J. LaMarca

Mailing Address 2261 Zach Scott St

City

Austin

State

TX

Zip Code

78723

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

Regional Operations Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.41

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	2	/	2	0	1	1

Transaction ID: 20110809163527-175

Amount of Each Receipt this Period

25.97

**B.**

Full Name (Last, First, Middle Initial)

Edward A. Langan

Mailing Address 450 East Waterside Drive Unit 1702  
Unit 1702

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

VP II, Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	8	/	2	0	1	1

Transaction ID: 20110715143949-2

Amount of Each Receipt this Period

75.00

**C.**

Full Name (Last, First, Middle Initial)

Edward A. Langan

Mailing Address 450 East Waterside Drive Unit 1702  
Unit 1702

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

VP II, Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	2	/	2	0	1	1

Transaction ID: 20110809163527-2

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional) .....

175.97

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Betty D. Larson

Mailing Address 21334 Andover Road

City

Kildeer

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

VP, HR - Renal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

738.48

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 8 / 2 0 1 1

Transaction ID: 20110715143949-118

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Betty D. Larson

Mailing Address 21334 Andover Road

City

Kildeer

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

VP, HR - Renal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

738.48

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 2 / 2 0 1 1

Transaction ID: 20110809163527-120

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Timothy P. Lawrence

Mailing Address 876 Writer CT

City

Vernon Hills

State

IL

Zip Code

60061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

VP Manufacturing Med Delivery

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1004.60

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 8 / 2 0 1 1

Transaction ID: 20110715143949-127

Amount of Each Receipt this Period

72.12

**SUBTOTAL** of Receipts This Page (optional) .....

172.12

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Timothy P. Lawrence

Mailing Address 876 Writer CT

City

Vernon Hills

State

IL

Zip Code

60061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

VP Manufacturing Med Delivery

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1004.60

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 2 / 2 0 1 1

Transaction ID: 20110809163527-128

Amount of Each Receipt this Period

72.12

**B.**

Full Name (Last, First, Middle Initial)

Jacopo Leonardi

Mailing Address 319 E. Vincent Ct.

City

Lake Bluff

State

IL

Zip Code

60044

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

VP I, Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 8 / 2 0 1 1

Transaction ID: 20110715143949-111

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Jacopo Leonardi

Mailing Address 319 E. Vincent Ct.

City

Lake Bluff

State

IL

Zip Code

60044

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

VP I, Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 2 / 2 0 1 1

Transaction ID: 20110809163527-112

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

122.12

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Kelli Lester

Mailing Address 3140 creswell dr

City

falls church

State

VA

Zip Code

22044

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

Dir, Renal Federal Leg Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 8 / 2 0 1 1

Transaction ID: 20110715143949-99

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

Kelli Lester

Mailing Address 3140 creswell dr

City

falls church

State

VA

Zip Code

22044

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

Dir, Renal Federal Leg Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 2 / 2 0 1 1

Transaction ID: 20110809163527-99

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

Griffith T. Lewis

Mailing Address 823 Furlong Dr

City

Libertyville

State

IL

Zip Code

60048-3720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

VP, Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 0 / 2 0 1 1

Transaction ID: A451FA31912DC409BA4

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

580.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Josephine M. Li-McLeod

Mailing Address 758 Cranmont Court

City

Simi Valley

State

CA

Zip Code

93065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

Sr Director Outcomes Research

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 8 / 2 0 1 1

Transaction ID: 20110715143949-32

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Josephine M. Li-McLeod

Mailing Address 758 Cranmont Court

City

Simi Valley

State

CA

Zip Code

93065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

Sr Director Outcomes Research

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 2 / 2 0 1 1

Transaction ID: 20110809163527-31

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Raymond J. Linder

Mailing Address 101 Crestwood Dr.  
Unit 6Q

City

Tullahoma

State

TN

Zip Code

37388

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

VP, HR - Mfg/Supply Chain

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

764.80

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 8 / 2 0 1 1

Transaction ID: 20110715143949-38

Amount of Each Receipt this Period

143.40

**SUBTOTAL** of Receipts This Page (optional) .....

193.40

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Ronald K. Lloyd

Mailing Address 1694 Falling Star Ave.

City

Westlake Village

State

CA

Zip Code

91362

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

VPGM BioTherapeutic & Regn Med

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 8 / 2 0 1 1

Transaction ID: 20110715143949-37

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Ronald K. Lloyd

Mailing Address 1694 Falling Star Ave.

City

Westlake Village

State

CA

Zip Code

91362

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

VPGM BioTherapeutic & Regn Med

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 2 / 2 0 1 1

Transaction ID: 20110809163527-37

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Marcus A. Luna

Mailing Address 11 Heath Pkwy

City

Middletown

State

NJ

Zip Code

07748

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

Sales Representative II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 8 / 2 0 1 1

Transaction ID: 20110715143949-103

Amount of Each Receipt this Period

15.00

**SUBTOTAL** of Receipts This Page (optional) .....

115.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Marcus A. Luna

Mailing Address 11 Heath Pkwy

City

Middletown

State

NJ

Zip Code

07748

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

Sales Representative II

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 22 / 2011

Transaction ID: 20110809163527-103

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)

Matthew A. Lykken

Mailing Address 1107 Wellington Drive

City

Duncanville

State

TX

Zip Code

75137

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

Sr Tax Counsel

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 08 / 2011

Transaction ID: 20110715143949-122

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Matthew A. Lykken

Mailing Address 1107 Wellington Drive

City

Duncanville

State

TX

Zip Code

75137

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

Sr Tax Counsel

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 22 / 2011

Transaction ID: 20110809163527-124

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

65.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 66

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Jack Maniko

Mailing Address 116 Tennessee Avenue NE

City

Washington

State

DC

Zip Code

20002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

Dir, Fed Legislative Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	8	/	2	0	1	1

Transaction ID: 20110715143949-112

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Jack Maniko

Mailing Address 116 Tennessee Avenue NE

City

Washington

State

DC

Zip Code

20002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

Dir, Fed Legislative Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	2	/	2	0	1	1

Transaction ID: 20110809163527-113

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

Michael E. Martin

Mailing Address 10680 Red Leaf Circle

City

Lakewood

State

IL

Zip Code

60014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

VP I, Mfg Strategic Planning

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

652.32

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	8	/	2	0	1	1

Transaction ID: 20110715143949-19

Amount of Each Receipt this Period

41.26

SUBTOTAL of Receipts This Page (optional) .....

101.26

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Michael E. Martin

Mailing Address 10680 Red Leaf Circle

City State Zip Code  
 Lakewood IL 60014

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baxter International, Inc.

Occupation  
VP I, Mfg Strategic Planning

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

652.32

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 2 / 2 0 1 1

Transaction ID: 20110809163527-18

Amount of Each Receipt this Period

41.26

**B.**

Full Name (Last, First, Middle Initial)

Jeanne K. Mason

Mailing Address 1760 Duffy Lane

City State Zip Code  
 Bannockburn IL 60015

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baxter International, Inc.

Occupation  
CVP, Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2688.47

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 8 / 2 0 1 1

Transaction ID: 20110715143949-150

Amount of Each Receipt this Period

180.77

**C.**

Full Name (Last, First, Middle Initial)

Jeanne K. Mason

Mailing Address 1760 Duffy Lane

City State Zip Code  
 Bannockburn IL 60015

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baxter International, Inc.

Occupation  
CVP, Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2688.47

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 2 / 2 0 1 1

Transaction ID: 20110809163527-155

Amount of Each Receipt this Period

180.77

**SUBTOTAL** of Receipts This Page (optional) .....

402.80

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Jennifer A. McCallister

Mailing Address 432 Regent Drive

City

Buffalo Grove

State

IL

Zip Code

60089

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

Manager II, Customer Operation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 8 / 2 0 1 1

Transaction ID: 20110715143949-124

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Daniel S. McRae

Mailing Address 2965 Redding Road

City

Atlanta

State

GA

Zip Code

30319

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

Infusion System Sales Represen

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 8 / 2 0 1 1

Transaction ID: 20110715143949-54

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Daniel S. McRae

Mailing Address 2965 Redding Road

City

Atlanta

State

GA

Zip Code

30319

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

Infusion System Sales Represen

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 2 / 2 0 1 1

Transaction ID: 20110809163527-53

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

John K. McVey

Mailing Address 6320 Longwood Road

City

Libertyville

State

IL

Zip Code

60048-9447

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

Sr Dir, Reg Affairs & Quality

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 8 / 2 0 1 1

Transaction ID: 20110715143949-165

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

John K. McVey

Mailing Address 6320 Longwood Road

City

Libertyville

State

IL

Zip Code

60048-9447

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

Sr Dir, Reg Affairs & Quality

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 2 / 2 0 1 1

Transaction ID: 20110809163527-169

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Timothy J. Murphy

Mailing Address 14601 N Somerset Circle

City

Libertyville

State

IL

Zip Code

60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

Assoc General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

457.56

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 8 / 2 0 1 1

Transaction ID: 20110715143949-126

Amount of Each Receipt this Period

30.84

**SUBTOTAL** of Receipts This Page (optional) .....

80.84

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Timothy J. Murphy

Mailing Address 14601 N Somerset Circle

City

Libertyville

State

IL

Zip Code

60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

Assoc General Counsel

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

457.56

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 2 / 2 0 1 1

Transaction ID: 20110809163527-127

Amount of Each Receipt this Period

30.84

**B.**

Full Name (Last, First, Middle Initial)

Peter J. O'Malley

Mailing Address 791 Summit Avenue

City

Lake Forest

State

IL

Zip Code

60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

VP II, Business Alliances

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 8 / 2 0 1 1

Transaction ID: 20110715143949-139

Amount of Each Receipt this Period

45.00

**C.**

Full Name (Last, First, Middle Initial)

Peter J. O'Malley

Mailing Address 791 Summit Avenue

City

Lake Forest

State

IL

Zip Code

60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

VP II, Business Alliances

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 2 / 2 0 1 1

Transaction ID: 20110809163527-143

Amount of Each Receipt this Period

45.00

**SUBTOTAL** of Receipts This Page (optional) .....

120.84

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Stasia L. Ogden

Mailing Address 1750 W Cortland St

City

Chicago

State

IL

Zip Code

60622

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

Asst General Counsel, Patent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 8 / 2 0 1 1

Transaction ID: 20110715143949-86

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Stasia L. Ogden

Mailing Address 1750 W Cortland St

City

Chicago

State

IL

Zip Code

60622

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

Asst General Counsel, Patent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 2 / 2 0 1 1

Transaction ID: 20110809163527-86

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Jed M. Perry

Mailing Address 9078 Brook Ford Road

City

Burke

State

VA

Zip Code

22015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

Dir, Fed Legislative Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 8 / 2 0 1 1

Transaction ID: 20110715143949-109

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional) .....

65.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 66

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Jed M. Perry

Mailing Address 9078 Brook Ford Road

City	State	Zip Code
Burke	VA	22015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.Occupation  
Dir, Fed Legislative Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	2		2	0	1	1

Transaction ID: 20110809163527-110

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Linda Peters

Mailing Address 1 Baxter Pkwy

City	State	Zip Code
Deerfield	IL	60015-4625

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.Occupation  
VP, RA - Med Products

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	1	1

Transaction ID: 9A0A4BCC66B915B3617

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Carla D. Pittman

Mailing Address 3933 Kenway Avenue

City	State	Zip Code
Los Angeles	CA	90008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.Occupation  
Sr Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

874.86

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	8		2	0	1	1

Transaction ID: 20110715143949-120

Amount of Each Receipt this Period

58.90

SUBTOTAL of Receipts This Page (optional) .....

1083.90

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Carla D. Pittman

Mailing Address 3933 Kenway Avenue

City

Los Angeles

State

CA

Zip Code

90008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.Occupation  
Sr Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

874.86

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 2 / 2 0 1 1

Transaction ID: 20110809163527-122

Amount of Each Receipt this Period

58.90

B.

Full Name (Last, First, Middle Initial)

Virginia L. Pringle

Mailing Address 6655 Bobby Jones Ct

City

Palmetto

State

FL

Zip Code

34221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.Occupation  
Mgr II, Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

521.31

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 8 / 2 0 1 1

Transaction ID: 20110715143949-24

Amount of Each Receipt this Period

35.07

C.

Full Name (Last, First, Middle Initial)

Virginia L. Pringle

Mailing Address 6655 Bobby Jones Ct

City

Palmetto

State

FL

Zip Code

34221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.Occupation  
Mgr II, Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

521.31

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 2 / 2 0 1 1

Transaction ID: 20110809163527-23

Amount of Each Receipt this Period

35.07

SUBTOTAL of Receipts This Page (optional) .....

129.04

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Joseph A. Pudlo

Mailing Address 525 Trestle Court

City

Grayslake

State

IL

Zip Code

60030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation  
VP, Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 8 / 2 0 1 1

Transaction ID: 20110715143949-27

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Joseph A. Pudlo

Mailing Address 525 Trestle Court

City

Grayslake

State

IL

Zip Code

60030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation  
VP, Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 2 / 2 0 1 1

Transaction ID: 20110809163527-26

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Julie A. Quick

Mailing Address 3223 Epstein Circle

City

Mundelein

State

IL

Zip Code

60060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation  
Sr Mgr, Reg Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.22

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 8 / 2 0 1 1

Transaction ID: 20110715143949-181

Amount of Each Receipt this Period

22.40

**SUBTOTAL** of Receipts This Page (optional) .....

62.40

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Julie A. Quick

Mailing Address 3223 Epstein Circle

City

Mundelein

State

IL

Zip Code

60060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

Sr Mgr, Reg Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.22

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 2 / 2 0 1 1

Transaction ID: 20110809163527-185

Amount of Each Receipt this Period

22.40

**B.**

Full Name (Last, First, Middle Initial)

Janet L. Raciti

Mailing Address 19 Wimbledon Court

City

Lincolnshire

State

IL

Zip Code

60069

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

Dir, Strategic Reimbursement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 8 / 2 0 1 1

Transaction ID: 20110715143949-29

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

Janet L. Raciti

Mailing Address 19 Wimbledon Court

City

Lincolnshire

State

IL

Zip Code

60069

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

Dir, Strategic Reimbursement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 2 / 2 0 1 1

Transaction ID: 20110809163527-28

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional) .....

102.40

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Jeffrey G. Reading

Mailing Address 2421 Pawnee Crossing

City State Zip Code  
 Edmond OK 73034

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baxter International, Inc.

Occupation  
Dir, Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 8 / 2 0 1 1

Transaction ID: 20110715143949-179

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Jeffrey G. Reading

Mailing Address 2421 Pawnee Crossing

City State Zip Code  
 Edmond OK 73034

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baxter International, Inc.

Occupation  
Dir, Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 2 / 2 0 1 1

Transaction ID: 20110809163527-183

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

David H. Resnicoff

Mailing Address 926 Valley RD

City State Zip Code  
 Glencoe IL 60022

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baxter International, Inc.

Occupation  
Assoc Gen Coun/VP Compliance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

792.61

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 8 / 2 0 1 1

Transaction ID: 20110715143949-151

Amount of Each Receipt this Period

23.95

**SUBTOTAL** of Receipts This Page (optional) .....

63.95

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Darwin Richardson

Mailing Address 3927 Corte Cancion

City

Thousand Oaks

State

CA

Zip Code

91360

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

Sr Director, Manufacturing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 8 / 2 0 1 1

Transaction ID: 20110715143949-44

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Darwin Richardson

Mailing Address 3927 Corte Cancion

City

Thousand Oaks

State

CA

Zip Code

91360

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

Sr Director, Manufacturing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 2 / 2 0 1 1

Transaction ID: 20110809163527-43

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Joseph Russo

Mailing Address 27928 Periwinkle Lane

City

Valencia

State

CA

Zip Code

91354

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

Dir, Envir Health & Safety

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

509.64

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 8 / 2 0 1 1

Transaction ID: 20110715143949-128

Amount of Each Receipt this Period

34.40

**SUBTOTAL** of Receipts This Page (optional) .....

74.40

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Joseph Russo

Mailing Address 27928 Periwinkle Lane

City

Valencia

State

CA

Zip Code

91354

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

Dir, Envir Health & Safety

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

509.64

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 2 / 2 0 1 1

Transaction ID: 20110809163527-129

Amount of Each Receipt this Period

34.40

**B.**

Full Name (Last, First, Middle Initial)

Roibin Ryan

Mailing Address 1419 W Berteau

City

Chicago

State

IL

Zip Code

60613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

Deputy Gen Counsel, Lit & Empl

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1560.48

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 8 / 2 0 1 1

Transaction ID: 20110715143949-149

Amount of Each Receipt this Period

105.46

**C.**

Full Name (Last, First, Middle Initial)

Roibin Ryan

Mailing Address 1419 W Berteau

City

Chicago

State

IL

Zip Code

60613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

Deputy Gen Counsel, Lit & Empl

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1560.48

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 2 / 2 0 1 1

Transaction ID: 20110809163527-154

Amount of Each Receipt this Period

105.46

**SUBTOTAL** of Receipts This Page (optional) .....

245.32

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Kaissar Saade

Mailing Address 18522 Roslin Ave

City

Torrance

State

CA

Zip Code

90504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

Principal Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.97

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 8 / 2 0 1 1

Transaction ID: 20110715143949-62

Amount of Each Receipt this Period

17.57

**B.**

Full Name (Last, First, Middle Initial)

Kaissar Saade

Mailing Address 18522 Roslin Ave

City

Torrance

State

CA

Zip Code

90504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

Principal Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.97

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 2 / 2 0 1 1

Transaction ID: 20110809163527-61

Amount of Each Receipt this Period

17.57

**C.**

Full Name (Last, First, Middle Initial)

James K. Saccaro

Mailing Address 915 Ash Street

City

Winnetka

State

IL

Zip Code

60093

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

VP, Strategy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

997.59

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 8 / 2 0 1 1

Transaction ID: 20110715143949-157

Amount of Each Receipt this Period

69.23

**SUBTOTAL** of Receipts This Page (optional) .....

104.37

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

James K. Saccaro

Mailing Address 915 Ash Street

City

Winnetka

State

IL

Zip Code

60093

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

VP, Strategy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

997.59

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 2 / 2 0 1 1

Transaction ID: 20110809163527-161

Amount of Each Receipt this Period

69.23

**B.**

Full Name (Last, First, Middle Initial)

Ashish Sagrolkar

Mailing Address 1012 Alden Lane

City

Buffalo Grove

State

IL

Zip Code

60089

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

VP I, Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 8 / 2 0 1 1

Transaction ID: 20110715143949-133

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)

Ashish Sagrolkar

Mailing Address 1012 Alden Lane

City

Buffalo Grove

State

IL

Zip Code

60089

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

VP I, Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 2 / 2 0 1 1

Transaction ID: 20110809163527-135

Amount of Each Receipt this Period

15.00

**SUBTOTAL** of Receipts This Page (optional) .....

99.23

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

David P. Scharf

Mailing Address 931 Oak Street

City

Winnetka

State

IL

Zip Code

60093

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

CVP, General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1528.87

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 8 / 2 0 1 1

Transaction ID: 20110715143949-146

Amount of Each Receipt this Period

105.77

**B.**

Full Name (Last, First, Middle Initial)

David P. Scharf

Mailing Address 931 Oak Street

City

Winnetka

State

IL

Zip Code

60093

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

CVP, General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1528.87

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 2 / 2 0 1 1

Transaction ID: 20110809163527-151

Amount of Each Receipt this Period

105.77

**C.**

Full Name (Last, First, Middle Initial)

Chandra Sekhar

Mailing Address 1621 Mission Hills Rd Unit 211  
Apt 211

City

Northbrook

State

IL

Zip Code

60062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

VP II, Mfg Strategic Planning

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

934.41

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 8 / 2 0 1 1

Transaction ID: 20110715143949-3

Amount of Each Receipt this Period

63.15

**SUBTOTAL** of Receipts This Page (optional) .....

274.69

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Chandra Sekhar

Mailing Address 1621 Mission Hills Rd Unit 211  
Apt 211

City State Zip Code  
Northbrook IL 60062

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baxter International, Inc.

Occupation  
VP II, Mfg Strategic Planning

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

934.41

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 2 / 2 0 1 1

Transaction ID: 20110809163527-3

Amount of Each Receipt this Period

63.15

**B.**

Full Name (Last, First, Middle Initial)

Jeffrey Allen Sexton

Mailing Address 19 Cochran View Drive

City State Zip Code  
Marion NC 28752

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baxter International, Inc.

Occupation  
Supv II, Manufacturing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.79

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 2 / 2 0 1 1

Transaction ID: 20110809163527-76

Amount of Each Receipt this Period

17.53

**C.**

Full Name (Last, First, Middle Initial)

John P. Shannon

Mailing Address 432 Utley

City State Zip Code  
Elmhurst IL 60126

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baxter International, Inc.

Occupation  
GM, US BioPharm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

938.58

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 8 / 2 0 1 1

Transaction ID: 20110715143949-137

Amount of Each Receipt this Period

63.26

**SUBTOTAL** of Receipts This Page (optional) .....

143.94

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

John P. Shannon

Mailing Address 432 Utley

City

Elmhurst

State

IL

Zip Code

60126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation  
GM, US BioPharm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

938.58

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 2 / 2 0 1 1

Transaction ID: 20110809163527-139

Amount of Each Receipt this Period

63.26

**B.**

Full Name (Last, First, Middle Initial)

Terry (John) Simmons

Mailing Address 1013 Windhaven Road

City

Libertyville

State

IL

Zip Code

60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation  
VP, Global Purchasing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 8 / 2 0 1 1

Transaction ID: 20110715143949-132

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)

Terry (John) Simmons

Mailing Address 1013 Windhaven Road

City

Libertyville

State

IL

Zip Code

60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation  
VP, Global Purchasing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 2 / 2 0 1 1

Transaction ID: 20110809163527-134

Amount of Each Receipt this Period

15.00

**SUBTOTAL** of Receipts This Page (optional) .....

93.26

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Lori E. Sims

Mailing Address 66 Cooper Drive

City

Glastonbury

State

CT

Zip Code

06033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

Mgr, State Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

348.96

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 8 / 2 0 1 1

Transaction ID: 20110715143949-87

Amount of Each Receipt this Period

23.52

**B.**

Full Name (Last, First, Middle Initial)

Lori E. Sims

Mailing Address 66 Cooper Drive

City

Glastonbury

State

CT

Zip Code

06033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

Mgr, State Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

348.96

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 2 / 2 0 1 1

Transaction ID: 20110809163527-87

Amount of Each Receipt this Period

23.52

**C.**

Full Name (Last, First, Middle Initial)

Deborah G. Spak

Mailing Address 1555 Stratford

City

Deerfield

State

IL

Zip Code

60015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

Dir, Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.11

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 8 / 2 0 1 1

Transaction ID: 20110715143949-152

Amount of Each Receipt this Period

15.51

**SUBTOTAL** of Receipts This Page (optional) .....

62.55

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Deborah G. Spak

Mailing Address 1555 Stratford

City

Deerfield

State

IL

Zip Code

60015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

Dir, Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.11

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 2 / 2 0 1 1

Transaction ID: 20110809163527-156

Amount of Each Receipt this Period

15.51

**B.**

Full Name (Last, First, Middle Initial)

Janet M. Spaulding

Mailing Address 4371 Silversmith Lane

City

Independence

State

KY

Zip Code

41051

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

Regional Operations Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 8 / 2 0 1 1

Transaction ID: 20110715143949-167

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Janet M. Spaulding

Mailing Address 4371 Silversmith Lane

City

Independence

State

KY

Zip Code

41051

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

Regional Operations Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 2 / 2 0 1 1

Transaction ID: 20110809163527-171

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

65.51

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Donald J. Sullivan

Mailing Address 910 W Cypress Drive

City

Arlington Heights

State

IL

Zip Code

60005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

VP, Risk Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 8 / 2 0 1 1

Transaction ID: 20110715143949-142

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

Donald J. Sullivan

Mailing Address 910 W Cypress Drive

City

Arlington Heights

State

IL

Zip Code

60005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

VP, Risk Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 2 / 2 0 1 1

Transaction ID: 20110809163527-147

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

Ronald J. Trudeau

Mailing Address 416 W Oakwood Dr

City

Barrington

State

IL

Zip Code

60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

VP II, Engineering

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 8 / 2 0 1 1

Transaction ID: 20110715143949-1

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

105.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Ronald J. Trudeau

Mailing Address 416 W Oakwood Dr

City

Barrington

State

IL

Zip Code

60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

VP II, Engineering

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 2 / 2 0 1 1

Transaction ID: 20110809163527-1

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Onelia Ann Vera

Mailing Address 619 Oleander Drive

City

Hallandale

State

FL

Zip Code

33009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

Assoc General Counsel

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1584.99

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 8 / 2 0 1 1

Transaction ID: 20110715143949-129

Amount of Each Receipt this Period

106.83

**C.**

Full Name (Last, First, Middle Initial)

Onelia Ann Vera

Mailing Address 619 Oleander Drive

City

Hallandale

State

FL

Zip Code

33009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

Assoc General Counsel

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1584.99

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 2 / 2 0 1 1

Transaction ID: 20110809163527-130

Amount of Each Receipt this Period

106.83

**SUBTOTAL** of Receipts This Page (optional) .....

238.66

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Trudy G. Vlahos

Mailing Address 730 Lakewood Lane

City

Marquette

State

MI

Zip Code

49855

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

Regional Operations Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 8 / 2 0 1 1

Transaction ID: 20110715143949-177

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Trudy G. Vlahos

Mailing Address 730 Lakewood Lane

City

Marquette

State

MI

Zip Code

49855

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

Regional Operations Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 2 / 2 0 1 1

Transaction ID: 20110809163527-181

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Christopher P. Vlautin

Mailing Address 2343 Beckett Drive

City

El Dorado Hills

State

CA

Zip Code

95762

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

Mgr, State Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 8 / 2 0 1 1

Transaction ID: 20110715143949-83

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

70.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 63 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Christopher P. Vlautin

Mailing Address 2343 Beckett Drive

City

El Dorado Hills

State

CA

Zip Code

95762

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

Mgr, State Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 2 / 2 0 1 1

Transaction ID: 20110809163527-83

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

John Alan Weiler

Mailing Address 3686 Blankenship Dr.

City

Morganton

State

NC

Zip Code

28655

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

Plant Mgr I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 8 / 2 0 1 1

Transaction ID: 20110715143949-80

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

John Alan Weiler

Mailing Address 3686 Blankenship Dr.

City

Morganton

State

NC

Zip Code

28655

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

Plant Mgr I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 2 / 2 0 1 1

Transaction ID: 20110809163527-80

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Ron K. Wilson

Mailing Address 6800 Red Rock Road

City

Amarillo

State

TX

Zip Code

79118

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

Sales Representative III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 8 / 2 0 1 1

Transaction ID: 20110715143949-90

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Ron K. Wilson

Mailing Address 6800 Red Rock Road

City

Amarillo

State

TX

Zip Code

79118

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

Sales Representative III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 2 / 2 0 1 1

Transaction ID: 20110809163527-90

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Carl Wilt

Mailing Address 38465 N Burr Oak Ln

City

Wadsworth

State

IL

Zip Code

60083

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

VP I, Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 8 / 2 0 1 1

Transaction ID: 20110715143949-39

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

65.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 65 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Carl Wilt

Mailing Address 38465 N Burr Oak Ln

City

Wadsworth

State

IL

Zip Code

60083

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

VP I, Finance

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 2 / 2 0 1 1

Transaction ID: 20110809163527-38

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Subramaniam Yogendran

Mailing Address Baxter Healthcare Corp. One Baxter  
Baxter Healthcare Corp.

City

Deerfield

State

IL

Zip Code

60015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

VP, US Supply Chain

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

785.55

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 8 / 2 0 1 1

Transaction ID: 20110715143949-93

Amount of Each Receipt this Period

53.15

**C.**

Full Name (Last, First, Middle Initial)

Subramaniam Yogendran

Mailing Address Baxter Healthcare Corp. One Baxter  
Baxter Healthcare Corp.

City

Deerfield

State

IL

Zip Code

60015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International, Inc.

Occupation

VP, US Supply Chain

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

785.55

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 2 / 2 0 1 1

Transaction ID: 20110809163527-93

Amount of Each Receipt this Period

53.15

**SUBTOTAL** of Receipts This Page (optional) .....

131.30

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mahshid R. Zahed

Mailing Address 400 Village Green Drive Unit 106  
Unit 106

City State Zip Code  
Lincolnshire IL 60069

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baxter International, Inc.

Occupation  
VP, Quality GIS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 8 / 2 0 1 1

Transaction ID: 20110715143949-94

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Mahshid R. Zahed

Mailing Address 400 Village Green Drive Unit 106  
Unit 106

City State Zip Code  
Lincolnshire IL 60069

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baxter International, Inc.

Occupation  
VP, Quality GIS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 2 / 2 0 1 1

Transaction ID: 20110809163527-94

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

9364.94